

Coordination of Benefits Agreement (COBA) Program Technical Readiness Assessment Survey

The purpose of this survey is to measure your organization's technical readiness status for participation in the COBA process in accordance with the technical requirements as specified in the COBA Implementation User Guide. Before responding to this survey, you would want to become familiar with the technical requirements of the COBA program as outlined in the COBA Implementation User Guide, located at www.cms.hhs.gov/medicare/cob/coba/coba.asp.

The technical requirements of the COBA program consist of the following three parts:

- Transfer Medium and Software
- File Formats and Specifications
- Resource Requirements

Transfer Medium and Software

1. How does your organization currently send and receive Medicare crossover files, such as eligibility and claims?

Electronic Transmission Protocol

- ☐ Connect Direct (formerly known as Network Data Mover)

Tape cartridge

- ☐ 3480
- ☐ 3490

Reel

- ☐ 1600 BPI
- ☐ 6250 BPI

Other: Please specify: _____

2. Specify the pre-validation software used by your organization:

- ☐ Faciledi
- ☐ Claredi
- ☐ Validedi
- ☐ Forsyth
- ☐ Other: Please specify: _____

3. Specify the HIPAA EDI translator used by your organization: _____.

File Formats and Specifications

The Eligibility File format supported under the COBA program includes the current 200-byte flat file, with an additional E02 record for the reporting of Trading Partner's drug coverage information, if applicable. Furthermore, the COBA process will feature a validation routine to ensure that the Trading Partner's covered members are appropriately identified for claims crossover purposes.

Along with validating the Medicare Health Insurance Claim Number (HICN), the COBC will validate that three of the following four data elements match in order for the eligibility record to post to the Medicare Common Working File (CWF): (1) Beneficiary Surname (first six characters), (2) Beneficiary First Name, (3) Beneficiary Birth Date, and (4) Beneficiary Sex Code (using "M" as the default when the Beneficiary Sex Code is unknown).

Please refer to the COBA Implementation User Guide for other specifications such as Trailer Record Count and optional use of add/change/delete versus full file replacement.

1. Eligibility Files

- ☐ **Yes:** my organization currently meets all the eligibility file requirements in accordance with the COBA eligibility file format and specifications.
- ☐ **No:** my organization does not meet all the eligibility file requirements in accordance with the COBA eligibility file format and specifications. We could complete the necessary work to meet all the requirements by _____ (month and year).
- ☐ Current Record Count

Provide an approximate count of the records contained in a single eligibility file.

Note: If the same file is sent and copied multiple times, just provide the one-time count.

If multiple files are sent for more than one line of business, provide a record count for each individual eligibility file:

_____ records
_____ records
_____ records
_____ records

- ☐ Geographic Concentration

Where do **most** of the beneficiaries (as represented on the eligibility file) reside?

State(s) of _____

2. Voluntary Data Sharing Agreement (VDSA) Program

Trading Partners must have the Medicare HICN to populate the COBA Eligibility File. The Centers for Medicare & Medicaid Services (CMS) recognizes that it is often difficult for Trading Partners to obtain this information on their covered members through their existing channels. Therefore, CMS is looking to offer a method for you to obtain this information through its VDSA program.

The VDSA allows for the electronic data exchange of Group Health Plan (GHP) data and Medicare entitlement data between CMS and insurers. The agreement establishes conditions under which the insurer provides CMS with GHP data on insured individuals, and CMS provides the insurer with Medicare entitlement information for identified Medicare individuals. This allows the parties to coordinate health care benefit payments more effectively.

- ☐ **Yes:** my organization has signed a VDSA agreement with CMS.
- ☐ **No:** my organization has not signed a VDSA agreement with CMS.
- ☐ **No:** my organization has not signed a VDSA agreement with CMS, but we are interested in pursuing this option.

3. Claims Files

- ☐ **Yes:** my organization currently meets all the claims files requirements in compliance with the HIPAA standard formats and specifications.
- ☐ **No:** my organization does not meet all the claims files requirements in compliance with the HIPAA standard formats and specifications. We could complete the necessary work to meet all the requirements by _____ (month and year).
- ☐ **Yes:** my organization has already participated in testing crossover claims in compliance with the HIPAA standard formats and specifications with the following number of Medicare contractors:

☐ _____.

☐ Description of results:

- ☐ **No:** my organization has not participated in testing crossover claims in compliance with the HIPAA standard formats and specifications with any Medicare contractor for the following reason(s):

Resource Requirements

- ☐ **Yes:** my organization currently has the necessary resources (including staffing) available from start to finish, without breaks, to conduct the following tests with the COBC and provide ongoing feedback:
 - ☐ File Transfer Setup
 - ☐ Eligibility Files
 - ☐ Claims Files
 - ☐ Financial Systems
- ☐ **No:** my organization cannot commit the necessary resources (including staffing) available from start to finish, without breaks, to conduct the above tests with the COBC and provide ongoing feedback until _____ month/year for the following reason(s):

Survey Respondent's Information

Name:	<hr/>
Title/Position:	<hr/>
Company/Organization:	<hr/>
Mailing Address:	<hr/>
	<hr/>
City/State/Zip:	<hr/>
Telephone Number:	<hr/>
Fax Number:	<hr/>
E-Mail Address:	<hr/>
Date Completed:	<hr/>

Thank you for your assistance. Please e-mail your response to your COBA marketing representative within seven calendar days from your scheduled COBA kickoff call.